

HDFC LIFE PRADHAN MANTRI JEEVAN JYOTI BIMA YOJANA PLAN



CONSENT-CUM-DECLARATION FORM

(To be filled in by members joining the scheme during the permitted 'Enrollment Period')

For Office Use

Agent'/BC's Name*		Agency/BC Code No.*	
Bank A/c details of Agent/BC – *			
Signature of Agent/Banking Correspondent*			

I, hereby give my consent to become a member of 'HDFC Life Pradhan Mantri Jeevan Jyoti Bima Yojana Plan' of HDFC Life which will be administered by your Bank under Master Policy No. PM000006

I hereby authorize you to debit my Savings Bank Account with your Branch with Rs.330/- (Rupees Three Hundred Thirty Only) plus Service Tax and Other Levies if applicable towards premium of life cover under PMJJBY. I further authorize you to deduct in future after 25th May and not later than on 1st of June every year until further instructions, an amount of Rs.330/- (Rupees three hundred thirty only) and Service Tax and other Levies if applicable, or any amount as decided from time to time, which may be intimated immediately if and when revised, towards renewal of coverage under the scheme.

I have not authorized any other bank to debit premium in respect of this scheme. I am aware that my life cover shall be restricted to Rs.2,00,000/- only in the event of my death.

I have read and understood the Scheme rules and I hereby give my consent to become a member of the Scheme.

I hereby declare that I am in sound health and am not suffering or have suffered from any critical illness or condition requiring medical treatment, as on date. (critical illness is defined as follows: The applicant should not have suffered / be suffering from AIDS, cancer, condition requiring open chest surgery, history of typical chest pain, kidney failure, brain stroke or paralysis or having undergone a major organ transplantation such as heart, lung, liver or kidney. **If the applicant had suffered from any of the above critical illness, they are not eligible to join the scheme**)

I authorize the Bank to convey my personal details, given below, as required, regarding my admission into the group insurance scheme to HDFC Life

Applicant Details, as per Bank / KYC records :

Name of the Account holder (as per Bank records)			
Savings Bank Account No.		Aadhar Number, if available	
E-mail Id		Mobile No.	
Name and Relationship (if any) of nominee		Name of Guardian (if nominee is minor)	
Date of Birth		Address of Guardian	
Address			

I hereby nominate my nominee as above under this scheme. Nominee being minor, his / her guardian is appointed as above. I hereby declare that the above statements are true in all respects and that I agree and declare that the above information shall form the basis of admission to the above scheme and that if any information be found untrue, my membership to the scheme shall be treated as cancelled.

Date: ____

Signature
Address:

Signature verified
(Branch Official) (Rubber Stamp with bank branch name and code)

HDFC Standard Life Insurance Company Limited
Product Filing for HDFC Life Pradhan Mantri Jeevan Jyoti Bima Yojana Plan – Appendix I

ACKNOWLEDGEMENT SLIP CUM CERTIFICATE OF INSURANCE

We hereby acknowledge receipt of “Consent-cum-Declaration Form” from Shri / Smt. holding Saving Bank Account No..... Aadhar No..... consenting and authorizing auto-debit from the specified Savings Account to join the Pradhan Mantri Jeevan Jyoti Bima Yojana with HDFC Life of India for cover under Master Policy No.PM000006, subject to correctness of information provided regarding eligibility and receipt of consideration amount. On realization of Rs 330 premium plus Service Tax and Other Levies (as applicable from time to time), you will be covered for Rs 2 Lakh of Sum Assured under HDFC Life Pradhan Mantri Jeevan Jyoti Bima Yojana Plan, subject to the Lien Clause.

For new members enrolling into the scheme the risk will not be covered during the first 45 days from the date of enrollment into the scheme (lien period) and in case of death (other than due to accident) during lien period, no claim would be admissible.

Name Relationship (if any) of nominee		Name of Guardian (if nominee is minor)	
Date of Birth		Address of Guardian	
Address			

Seal & Signature of Authorised Bank Official